

# **Production Report - Florida Harvested Shellfish** (Month of : \_\_\_\_\_ )

<b>Firm Name:</b>	<b>Firm Location:</b>	<b>Submit by mail, email, or fax to:</b> Kimberly Norgren 600 South Calhoun Street, Suite 217 Tallahassee, FL 32399 Phone: 850-617-7600 Fax: 850-617-7601  <b>Aqua_PPCIP@FDACS.gov</b>
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Provide **total** amount of Florida shellfish received **directly from harvesters** and list the amount of any Florida shellfish processed.  
 Do **not** include product received from other dealers or any out of state product. Submit form to the Division of Aquaculture at end of each month.

\* Amount can be given as: **Number of 60 lb bags + pounds of overage** (e.g. X bags xx lbs) or just the **Total Number of Pounds** (e.g. X lbs)

Product Type	Week 1		Week 2		Week 3		Week 4 (+ extra end of month days)		Monthly Total	
	Total Received	Amount Shucked	Total Received	Amount Shucked	Total Received	Amount Shucked	Total Received	Amount Shucked	Total* Poundage	Amount* Shucked
White tagged oysters										
Green tagged oysters										
Aquaculture oysters										
PHP oyster										
<b>TOTAL</b>	Amount Processed		Amount Processed		Amount Processed		Amount Processed		Total Amount Processed	

**Clams - Provide total number of clams processed. (Do not include the amount of clams replanted.)**

	Amount processed	Amount processed	Amount processed	Amount processed	Total Number of Clams
Aquaculture Clams					
Sunray Clams					
Wild Clams/					

\* (If submitting by email, place "Proprietary Business Information - Confidential." in subject line.)

Signature \_\_\_\_\_ Date \_\_\_\_\_